

Louisiana Specific Psychiatric Support and Treatment (CPST) Medicaid UM Guideline

Subject: Louisiana Community Psychiatric
Support and Treatment

Current Effective Date: 02/23/2017

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Description

The **Louisiana Behavioral Health Services Provider Manual (LBHSPM), Chapter Two, of the Medicaid Services Manual**, describes Rehabilitation Services as follows:

These rehabilitation services are provided as part of a comprehensive specialized psychiatric program available to all Medicaid eligible children, adolescents and adults with significant functional impairments resulting from an identified mental health disorder diagnosis. The medical necessity for these rehabilitative services must be determined by and services recommended by a licensed mental health professional (LMHP) or physician to promote the maximum reduction of symptoms and restoration to his/her best age-appropriate functional level.

(LBHSPM, Rehabilitation Services, Page 1 of 50 Section 2.3)

For Children and Adults, the LMHSPM also references the goals for this service:

Children and Adolescents

The expected outcome of rehabilitation services is restoration to a child/adolescent's best functional level by restoring the child/adolescent to their best developmental trajectory. This includes consideration of key developmental needs and protective factors such as:

- Restoration of positive family/caregiver relationships;
- Prosocial peer relationships;
- Community connectedness/social belonging; and
- The ability to function in a developmentally appropriate home, school, vocational and community settings.

Services should provide skills building and supports that build on existing strengths and target goals related to these key developmental needs and protective factors. Children/adolescents who are in need of specialized behavioral health services shall be served within the context of the family and not as an isolated unit.

Adults

The expected outcome for adults is to reduce the disability resulting from mental illness and assist in the recovery and resiliency of the individual. These services are home and community-based and are provided on an as needed basis to assist persons in coping with the symptoms of their illness. In order to meet the criteria for disability, one must exhibit impaired emotional, cognitive or behavioral functioning that is a result of mental illness. This impairment must substantially interfere with role, occupational and social functioning. The intent of rehabilitation services is to minimize the disabling effects on the individual's capacity for independent living and to prevent or limit the periods of inpatient treatment. The principles of recovery are the

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foundation for rehabilitation services. These services are intended for an individual with a mental health diagnosis only, or a co-occurring diagnosis of mental health and substance use.

Rehabilitation services are expected to achieve the following outcomes:

- Assist individuals in the stabilization of acute symptoms of illness;
- Assist individuals in coping with the chronic symptoms of their illness;
- Minimize the aspects of their illness which makes it difficult for persons to live independently;
- Reduce or prevent psychiatric hospitalizations;
- Identify and develop strengths; and
- Focus on recovery.

National Consensus Statement on Recovery – Recovery is a journey of healing and transformation enabling a person to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.

Treatment Plan Review

The Treatment Plan should be reviewed by a Licensed Mental Health Profession (LMHP) as often as indicated but no less than 180 days. (LBHSPM, Rehabilitation Services, Page 6 of 50 Section 2.3.)

Community Psychiatric Support and Treatment (CPST) provides solution-focused interventions and supports intended to achieve goals or objectives as set forth in an individualized treatment plan. These rehabilitation services are provided face-to-face. Family or other individuals with significant involvement in the life of the individual may also participate. A majority (51% or more) of Louisiana CPST contacts must occur in community locations - where the person lives, works, attends school and/or socializes. CPST includes:

1. Assessment/Reassessment and Service Planning
2. Community Support
3. Individual Intervention
4. Parent/Family Intervention (Counseling)
5. Group Counseling
6. Psychosocial Skills Training-Group
7. Medication Management

The medical necessity criteria outlined in this document are adapted from state-specific CPST guidance provided by the state of Louisiana. CPST includes specific services such as Functional Family Therapy (FFT), Multi-Systemic Therapy (MST) and Homebuilders®. Criteria below are for all CPST services. In addition, the state of Louisiana provided specific guidance for FFT, Homebuilders®, and MST that are summarized below. These CPST medical necessity criteria, including services such as FFT, Homebuilders® and MST when provided as part of CPST, are only applicable to Louisiana Medicaid members.

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Clinical Indications

CRITERIA FOR CPST:

Severity of Illness (SI)

In order to be eligible for any Louisiana CPST services, all of the following must be documented:

- A. An Adult member is diagnosed with a substantial behavioral health illness; a Child member has a behavioral health problem that interferences with child development trajectory; and for both, these behavioral health issues involve a diagnosis from the current version of the Diagnostic and Statistical Manual of Mental Disorders.¹
- B. The Louisiana Behavioral Health Services Manual states the following regarding Adults:

Additional Adult Eligibility Criteria for Community Psychiatric Support and Treatment (CPST) and Psychosocial Rehabilitation (PSR)

Adults receiving CPST and/or PSR must have at least a level of care of three on the LOCUS. Adults must meet the Substance Abuse and Mental Health Services Administration (SAMHSA) definition of, serious mental illness (SMI) as evidenced by a rating of three or greater on the functional status domain on the Level of Care Utilization System (LOCUS) rating. In addition to having a diagnosable mental disorder, the condition must substantially interfere with, or limit, one or more major life activities, such as:

- Basic daily living (for example, eating or dressing);
- Instrumental living (for example, taking prescribed medications or getting around the community); and
- Participating in a family, school, or workplace.

An adult with longstanding deficits who does not experience any acute changes in their status and has previously met the criteria stated above regarding LOCUS scores, but who now meets a level of care of two or lower on the LOCUS, and needs subsequent medically necessary services for stabilization and maintenance at a lower intensity, may continue to receive CPST services and/or PSR, if deemed medically necessary.

¹"The expected outcome of rehabilitation services is restoration to a child/adolescent's best functional level by restoring the child/adolescent to their best developmental trajectory." See Louisiana Behavioral Health Services Provider Manual, Section 2.3, p. 1.

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[See **Louisiana Behavioral Health Services Provider Manual (BHSPM)**, LOUISIANA MEDICAID PROGRAM ISSUED: 06/20/20 REPLACED: 04/08/20 CHAPTER 2: BEHAVIORAL HEALTH SERVICES SECTION 2.3: OUTPATIENT SERVICES PAGE(S) 50, Rehabilitation Services, Page 15 of 50, Section 2.3.]

1. History of substantial psychiatric disability for an adult or for a child, substantial difficulty functioning in developmentally appropriate manner in the home, school, vocation, or community setting; AND
2. One or more emotional, cognitive or behavioral impairments characteristic of substantial mental illness or an emotional disorder that impede the member's ability to live successfully in the community; **AND**
3. Coordination of CPST services with the referral source(s) and other clinicians such as the Primary Care Provider (PCP); **AND**
4. Services provided the majority of the time in the community based on an individualized treatment plan that includes goals specific to CPST;
5. For Adults, Functional impairment must not be solely a result of autism spectrum/pervasive developmental disorder or intellectual disability.

Additional Service Utilization Criteria for Children

Services provided to children and adolescents must include communication and coordination with the family and/or legal guardian, including any agency legally responsible for the care or custody of the child. Coordination with other child-serving systems should occur, as needed, to achieve the treatment goals. All coordination must be documented in the child's/adolescent's medical record.

Continued Stay

Continued authorization of CPST services is considered **medically necessary** when **ALL** of 1-5 and 6 or 7 are present:

1. The member continues to meet Severity of Illness criteria; **AND**
2. Documentation of member's participation and engagement in services; **AND**
3. The goals of CPST are not primarily for providing support and not for functioning that is chronic and unlikely to improve with additional CPST, and not primarily for self-improvement; **AND**
4. Functional impairment of at least moderate degree as evidenced by report of specific domains are still present related to the DSM-5/ICD diagnosis listed and likely to improve with continued treatment; **AND**
5. Skills have not been acquired where sustained improvement is not likely, and the purpose of continued treatment is to prevent relapse or maintain previous achieved progress; **AND**
6. Progress with the targeted functioning is documented at the expected pace given the presence of medical/physical conditions, stressors and level of support, as evidenced by adherence with treatment, improving severity of functional impairment, and continued progress is expected for the targeted skills with the service approach being used; **OR**

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7. If progress is not documented, either diagnosis has been re-evaluated and changed if appropriate, medication has been re-evaluated and changed if indicated, or CPST and treatment approach has been re-evaluated and changed if appropriate to include new goals/targets.

Additional criteria that must be met to be eligible for Functional Family Therapy:

Functional Family Therapy (FFT) is considered **medically necessary** for children and adolescents when **All** of the following are present:

1. The member's interagency service planning team recommends that he/she participate in FFT; **AND**
2. Referral ages of 10-18 years; **AND**
3. DSM-5 or ICD-10 diagnosis of disruptive, impulse-control, or conduct disorder; **AND**
4. Symptoms and impairment must be the result of a primary disruptive or externalizing behavior disorder; **AND**

NOTE: internalizing psychiatric conditions (disorders with prominent anxiety, depressive and somatic symptoms) and substance use disorders may be secondary

5. Externalizing behavior is present which adversely affects family functioning; **AND**

NOTE: The member's behaviors may also affect functioning in other settings such as school or work.

6. FFT is linked to symptoms, behavior and adverse effects on family function to justify intensive in-home services; **AND**
7. At least one adult caregiver is available to provide support and is willing to be involved in treatment; **AND**
8. FFT is included in the CPST individualized treatment plan with goals that are specific to FFT; **AND**
9. "Functional impairment not solely a result of an autism spectrum disorder or intellectual disability." (LBHMP, Rehabilitation Services, p. 1, Appendix E-2)

Additional criteria that must be met to be eligible for Functional Family Therapy-Child Welfare (FFT-CW)
Functional Family Therapy (FFT-CW) is considered medically necessary for children and adolescents when All of the following are present:²

1. The member's interagency service planning team recommends that he/she participate in FFT-CW; **AND**
2. Referral ages of 0-18 years; **AND**
3. FFT-CW services are targeted for youth and families with suspected or indicated child abuse or Neglect; **AND**
4. A DSM-5 diagnosis as primary focus of treatment. Symptoms and impairment must be the result of a

² See Louisiana Behavioral Health Services Provider Manual for specific elements for this service.

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primary disruptive/externalizing behavior disorder or internalizing psychiatric conditions and substance use. Diagnosis can be for youth or caregiver; AND

5. FFT-CW is linked to symptoms, behavior and adverse effects on family function to justify intensive in-home services; AND

6. At least one adult caregiver is available to provide support and is willing to be involved in treatment; AND

7. FFT-CW is included in the CPST individualized treatment plan with goals that are specific to FFT-CW; AND

8. Functional impairment not solely a result of pervasive developmental disorder or intellectual disability.

Continued Stay for FFT and FFT-CW

Continued authorization of FFT services is considered **medically necessary** when **ALL** of 1, 2 and 3 **OR** 4 is present:

1. The member continues to meet Severity of Illness criteria; **AND**
2. Documentation of member and caregiver participation and engagement in services; **AND**
3. Progress with the targeted functioning is documented at the expected pace given the presence of medical/physical conditions, stressors and level of support, as evidenced by adherence with treatment, improving severity of functional impairment, and continued progress is expected for the targeted skills with the service approach being used; **OR**
4. If progress is not documented, either diagnosis has been re-evaluated and changed if appropriate, medication has been re-evaluated and changed if indicated, or CPST and treatment approach has been re-evaluated and changed if appropriate to include new goals/targets.

Additional criteria that must be met to be eligible for Homebuilders®:

Homebuilders® is considered **medically necessary** for children and adolescents when 1 or 2 is met, at least one 3 to 7 is present, Homebuilders® is specifically included in the CPST treatment plan (8) and the services are not for pervasive developmental disorder or intellectual disability (9):

1. Referral ages of birth to 18 years; **AND**
2. There is imminent risk of out of home placement; **OR**
3. Community integration after placement is planned; **AND**
4. Interferes at the home, school, and/or community are present; **OR**
5. Family members with:
 - a. substance abuse problems; **OR**
 - b. mental health problems; **OR**
 - c. poverty-related concerns such as a lack of adequate housing, clothing or food;
 - d. complicate behavior or treatment; **OR**

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6. Infant substance-exposed during pregnancy with medical complications at birth or failure to thrive; **OR**
7. Runaway from home is a problem; and
 - a. suicide risk; **OR**
 - b. attendance and/or behavioral problems at school; **OR**
 - c. underage alcohol or drug use; **OR**
 - d. disruptive parent-teen conflict(s); **OR**
8. Abuse, neglect, or exposures to violence or other trauma;
9. Homebuilders® is included in the CPST individualized treatment plan with goals that are specific to Homebuilders®;

Continued Stay

Continued authorization of Homebuilders® services is considered **medically necessary** when 1, 2 and 3 **OR** 4 is present:

1. The member continues to meet Severity of Illness criteria; **AND**
2. Documentation of member participation and engagement in services; **AND**
3. Progress with the targeted functioning is documented at the expected pace given the presence of medical/physical conditions, stressors and level of support, as evidenced by adherence with treatment, improving severity of functional impairment, and continued progress is expected for the targeted skills with the service approach being used; **OR**
4. If progress is not documented, either diagnosis has been re-evaluated and changed if appropriate, medication has been re-evaluated and changed if indicated, or CPST and treatment approach has been re-evaluated and changed if appropriate to include new goals/targets.

Additional criteria that must be met to be eligible for Multi-Systemic Therapy:

Multi-Systemic Therapy (MST) is considered **medically necessary** for children and adolescents when **All** of the following are present:

1. The youth's treatment planning team or Child & Family Team (CFT) recommends that he/she participate in MST **AND**
2. Referral ages of 12-17 years; **AND**
3. DSM-5 or ICD-10 diagnosis of disruptive, impulse-control or conduct disorder; **AND**
4. Externalizing behavior such as **violent or chronic (2 or more) juvenile offenses**; **AND**
5. Risk for out-of-home placement or integration into the community after living in an out-of-home setting; **AND**
6. Ongoing multiple system involvement due to high risk behaviors and/or risk of failure in mainstream school settings due to behavioral problems;
7. Less intensive treatment has been ineffective or is inappropriate;
8. MST is included in the CPST individualized treatment plan with goals that are specific to MST; **AND**

Continued Stay

Continued authorization of MST services is considered **medically necessary** when 1, 2 and 3 **OR** 4 is present:

1. The member continues to meet Severity of Illness criteria; **AND**

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2. Documentation of member participation and engagement in services; **AND**
3. Progress with the targeted functioning is documented at the expected pace given the presence of medical/physical conditions, stressors and level of support, as evidenced by adherence with treatment, improving severity of functional impairment, and continued progress is expected for the targeted skills with the service approach being used; **OR**
4. If progress is not documented, either diagnosis has been re-evaluated and changed if appropriate, medication has been re-evaluated and changed if indicated, or CPST and treatment approach has been re-evaluated and changed if appropriate to include new goals/targets.

NON-COVERED SERVICES:

The following list of services includes examples of interventions considered not medically necessary and excluded from CPST but is not necessarily exhaustive:

1. Tutoring activities;
2. Teaching job related skills (management of symptoms and appropriate work habits may be taught);
3. Vocational rehabilitation;
4. Transportation;
5. Staff training ;
6. Preparation for group activities;
7. Attempts to reach the recipient by telephone to schedule, confirm, or cancel appointments;
8. Staff supervision;
9. Completion of paper work (including but not limited to service logs, assessments, ISRPs) when the recipient and/or their significant others are not present. **NOTE:** Requiring recipients to be present only for documentation purposes is not reimbursable;
10. Team meetings and collaboration exclusively with staff employed or contracted by the provider where the recipient and/or their significant others are not present;
11. Recreational outings;
12. Observation of the recipient;
13. Staff research on behalf of the recipient.

Coding

The following codes for treatments and procedures applicable to this guideline are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Note: The following list of procedure codes are examples only and may not represent all codes being used for basic or social skills training. Please contact the member's plan for applicable coding conventions as these may vary.

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Procedure / HCPC Code	Modifier	Service Definition
HCPCS: H0036	-	Community Psychiatric Supportive Treatment- Functional Family Therapy, per 15 min
HCPCS: H2033	-	Multi Systemic Therapy, per 15 min
ICD-10 Diagnosis: F01.50-F99	-	[For dates of service on or after 10/01/2015] For the following diagnoses codes, including but not limited to: Mental, behavioral and neurodevelopmental disorders
ICD-9 Diagnosis: 290.0-319	-	[For dates of service prior to 10/01/2015] For the following diagnoses codes, including but not limited to: Mental, behavioral and neurodevelopmental disorders

Discussion/General Information

Louisiana CPST services are intended to support community rehabilitation for individuals with substantial, chronic mental illness, especially disorders characterized as externalizing. Severity is based on the concept that symptoms and behaviors associated with functional impairment in major life activities disrupts or impedes living in the community. Chronicity means that impairment has been present for six months or longer. Externalizing illnesses are described in DSM 5 as a group of conditions with prominent impulsive, disruptive conduct and substance use disorders. Louisiana focuses on impulsive, disruptive and conduct disorders including the disabling symptoms and behaviors associated with these conditions. CPST services are principally provided in the community including home and school although office-based services can be a minor part of treatment and support. CPST services minimize the negative effects of mental illness symptoms or emotional disturbances or associated environmental stressors, which interfere with the individual's daily living, financial management, housing, academic and/or employment progress, personal recovery or resilience, family and or interpersonal relationships and community integration.

The following elements are characteristic of CPST treatment plans and goals:

- Assist the individual, family members and any other responsible persons to identify strategies or treatment options associated with the individual's mental illness, minimizing the negative effects of mental illness symptoms or emotional disturbances or associated environmental stressors interference with daily living, financial management, housing, academic and/or employment progress, personal recovery or resilience, family and/or interpersonal relationships and community integration.
- Individual supportive counseling, solution-focused interventions, emotional and behavioral management and problem behavior analysis with the individual, assisting with developing and implementing social, interpersonal, self-care, daily living and independent living skills to restore stability, support functional gains and adapt to community living.

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- Utilization of, and participation in, strengths-based planning and treatments, assisting the individual, family members and any other responsible persons with identifying strengths and needs, resources, natural supports and developing goals and objectives to utilize personal strengths, resources and natural supports to address functional deficits associated with their mental illness.
- Assist the individual with effectively responding to or avoiding identified precursors or triggers that would risk their remaining in a natural community location, including assisting the individual, family members and any other responsible person with identifying a potential psychiatric or personal crisis, developing a crisis management plan and/or, as appropriate, seeking other supports to restore stability and functioning.
- Restoration, rehabilitation and support to develop skills to locate, rent and keep a home, landlord/tenant negotiations, select a roommate and recognize a renter's rights and responsibilities.
- Assisting the individual to develop daily living skills specific to managing their own home, including managing their money, medications and using community resources and other self-care requirements.

CPST services for children and adolescents include Functional Family Therapy, Homebuilders, and Multi-systemic Therapy.

Functional Family Therapy (FFT) is a systems-based model of intervention/prevention, which incorporates various levels of the client's interpersonal experiences to include cognitive, emotional and behavioral experiences, as well as intrapersonal perspectives which focus on the family and other systems (within the environment) and impact the youth and his or her family system. FFT is a strengths-based model of intervention, which emphasizes the capitalization of the resources of the youth, their family and those of the multi-system involved. Its purpose is to foster resilience and ultimately decrease incidents of disruptive behavior for the youth. The intensity and duration of treatment reflect complexity. The state of Louisiana suggests that simpler cases respond to twelve (12) to fifteen (15) one- to two- hour sessions distributed over three (3) months while more complex cases may need up to thirty (30) one to two hour sessions distributed over five (5) months.

Homebuilders® is an intensive, in-home Evidence-Based Program (EBP) utilizing research based strategies (e.g. Motivational Interviewing, Cognitive and Behavioral Interventions, Relapse Prevention, Skills Training), for families with children (birth to 18 years) at imminent risk of out of home placement (requires a person with placement authority to state that the child is at risk for out of home placement without Homebuilders), or being reunified from placement. The state of Louisiana projects four (4) to six (6) weeks of intensive intervention followed by up to five (5) hours of "booster" sessions in the ensuing six (6) months.

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Multi-systemic therapy (MST) provides an intensive home/family and community-based treatment for youth who are at risk of out-of-home placement or who are returning from out-of-home placement. The MST model is based on empirical data and evidence-based interventions that target specific behaviors with individualized behavioral interventions. Services are primarily provided in the home, but workers also intervene at school and in other community settings. The state of Louisiana conceives of MST as occurring over three (3) to six (6) months. Services include at least weekly visits (usually multiple times a week) with the member and family, the family receiving about sixty (60) hours of face-to-face treatment.

Definitions

None

References

1. American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013.
2. Coding Source: Home- and Community-Based Services (HCBS) Provider Manual (Iowa Department of Human Services, August 1, 2014) and State Fee-Schedule for codes H2016.
3. HCPC Code: 2016 Alpha-Numeric HCPCS File, Downloaded from [CMS.gov](http://www.cms.gov) - A federal government website managed by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244. Accessed on May 11, 2016.
4. Henggeler SW and Sheidow AJ. Empirically supported family-based treatments for conduct disorder and delinquency in adolescents. J Marital Fam Ther. 2012; 38:30-58.
5. Louisiana Behavioral Health Partnership (LBHP), Service Definitions Manual, Version 9, Addendum C. Additional Service Criteria for Evidenced Based Practices (EBP's). Available at:
6. http://dhh.louisiana.gov/assets/docs/BehavioralHealth/LBHP/2014_RFP_Procurement_Library/LBHP_Service_Definitions_Manual_8.15.14.pdf. Accessed on November 9, 2015.
7. Louisiana Medicaid Program. Mental Health Rehabilitation Services Provider Manual, Chapter Thirty-One of Medical Services Manual. Available at: http://www.lamedicaid.com/provweb1/manuals/MHR_manual.pdf. Accessed on November 16, 2015.
8. Shepperd S, Doll H, Gowers S, et al. Alternatives to inpatient mental health care for children and young people. Cochrane Database Syst Rev ; (2): CDC006410. Doi:10.1002/14651858.CDC006410.pub2. Accessed on November 25, 2015.

Websites for Additional Information
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1. None.

History

Status	Date	Action
New	12/17/2015	MOC Approval

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